

BOARD OF HEALTH
FRAMINGHAM, MASSACHUSETTS

RECEIVED _____

DATE _____

APPLICATION FOR PERMIT TO CONSTRUCT A WELL

I hereby petition the Board of Health of Framingham, Mass. for a permit to construct a well.

Address of Property: St. # _____

Name of Applicant _____ Tel. No. _____

Address of Owner _____

Name of Well Driller _____ Tel. No. _____

Owner if different _____

A plot plan shall be submitted with this application as required by the Framingham Board of Health in the “Minimum Sanitation Standard for Private and Semi-Public Water Supply”.

The undersigned acknowledges that he must, before commencing construction or use of the system which is the subject matter of this application, secure any and all other permits which may be required by the Laws of the Town of Framingham and the Commonwealth of Massachusetts, and agrees to abide by all rules and regulations of the Town of Framingham and the Commonwealth of Massachusetts. The undersigned also understands that under Regulation 2.2 NO CONSTRUCTION OF THE FACILITIES WHICH THE WELL IS TO SERVE MAY BE PERFORMED UNTIL THE WELL IS INSTALLED, COMPLETED, AND INSPECTED, AND HAS BEEN DEMONSTRATED TO SUPPLY WATER OF THE QUALITY AND QUANTITY SPECIFIED IN THE “MINIMUM SANITATION STANDARD FOR PRIVATE AND SEMI PUBLIC WATER SUPPLY.”

Date: _____ Signature of Applicant _____

PERMIT NO. _____

BOARD OF HEALTH
FRAMINGHAM, MASSACHUSETTS
PERMIT TO CONSTRUCT A WELL

This is to certify that _____

is hereby granted permission to install a well on the premises at _____

_____ in accordance with the above application, and in strict conformance with the requirements of the rules and regulations of the Board of Health and the Commonwealth of Massachusetts relating thereto.

Approved Recommended: _____ Date: _____

Permit Granted _____ 200 _____

_____ Board
_____ of
_____ Health
By: Public Health Administrator

WELL DATA

Water Analysis: Received _____

Approved _____

Flow Data: Received _____

Approved _____